

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

10-784-288

FILING DATE

02-24-04

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12		1				
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14		3				
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16	1					
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50						
TOTAL IND.	8					
TOTAL DEP.	29					
TOTAL CLAIMS	37					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						